

## LABOR COMPLIANCE PROGRAM ANNUAL REPORT

*Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects*

Report for the reporting period 01/01/2010 to 06/30/2010  
(mm/dd/yyyy) (mm/dd/yyyy)

## 1. Name of Labor Compliance Program (LCP) :

Hughson Unified School District

## 2. LCP I.D. Number (assigned by DIR):

2004.00458

## 3. Date of Initial Approval:

1/7/2005

## 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Cindy Whiteman- Chief Business Official  
 6815 Hughson Avenue  
 Hughson, CA 95326  
 Phone: (209) 883-4428 x3  
 Fax: (209) 883-4639

Administered By: Contractor Compliance and Monitoring, Inc.  
 635 Mariners Island Blvd. #200  
 San Mateo, CA 94404  
 Phone: (650) 522-4403  
 Fax: (650) 522-4402

## 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☒ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,  
 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

  
 Signature

Brian Beck, Superintendent  
 Name and Title

9-3-10  
 Date

**LCP-AR1**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
No projects handled by LCP in last 12 months.			
Total			

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

**LCP-AR1**

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
N/A			
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
N/A										
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_ N/A \_\_\_\_\_

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_ N/A \_\_\_\_\_